examinations; and third, clinical laboratory and oral examinations, or so much thereof as may be adjudged necessary:

(a.) Candidates in ophthalmology are required to submit twenty-five complete case records of which not more than ten should be descriptive of operations. These records should be of cases of ocular diseases and defects of varied character, including errors of refraction or muscle balance; external ocular diseases or diseases of the uveal tract or retina, or of the optic nerve, or glaucoma. The reports should show especially the reasons for the diagnosis, and for the operative treatment and the technic of operations in operative cases.

(b.) The written examination will test the candidate's knowledge of the underlying principles of the science of ophthalmology, including anatomy, embryology, physiology, physiologic optics, pathology, relations of the eye to the other organs and diseases of the body.

(c.) The oral examination will include: The external examination of the eye. Ophthalmoscopy (candidates are requested to bring their own ophthalmoscopes). Measurement of errors of refraction. Testing of the ocular movements and fields of vision. Relations of ocular conditions to diseases of other parts of the body and their treatment. Laboratory examination in histology, pathology, and bacteriology of the eye.

Further information may be had upon request from the Secretary, Dr. William H. Wilder, 122 South Michigan Avenue, Chicago, Illinois.

SOCIETY MEETINGS.

The annual meeting of the Ophthalmological Society of the United Kingdom, Great Britain and Ireland was held this year, May 1-3.

The Société Française d'Ophtalmologie resumed its series of annual meetings at Paris, May 5th. Dr. F. Terrien made the report on the special subject for discussion on X-Ray and Radium in Ophthalmology.

The following meetings will be held:

Section on Ophthalmology, American Medical Association, Atlantic City, New Jersey, June 9-13.

American Ophthalmological Society, Atlantic City, New Jersey, June 13-17.

Oxford Ophthalmological Congress, Oxford, England, July 10-12.

Pacific Coast Oto-Ophthalmic Society, San Francisco, California, August 4-6.

The Colorado Congress to be held August 4th and 5th will this year include both ophthalmic and oto-laryngologic papers and discussions.

American Academy of Ophthalmology and Oto-Laryngology, Cleveland, Ohio, September 1-3.

BOOK NOTICES.

Atlas of Military Ophthalmology (Atlas der Kriegsaugenheilkunde samt begleitendem Text), by **Prof. A. von Szily,** Freiburg, i. Br.; large 8vo.; pp. 195-354, 2d part; plates XVI to XLVII. F. Enke, Stuttgart, 1917; also numerous black and white illustrations in the text; 20 marks.

This is the second of the proposed three sections of von Szily's Atlas, the first one having been published early in 1917, reaching this country some six months ago. The final one advertised for issue also during 1917 has not yet appeared.

The text of the first part of this excellently planned monograph is divided into four chapters; the present part carries the work to the eleventh chapter.

The fifth chapter is concerned with gross lesions of the eye associated, of necessity, with other extensive wounds. Two of the accompaniments of these large traumatisms are enophthalmus and exophthalmus, a subject begun in the first part of the Atlas and ended in the second. Shrapnel wounds of the face, of the walls of the neighboring cavities and of the skull (with ocular injuries), are the commonest examples. These are well illustrated in the text and the treatment—especially in the surgical conduct of the cases—

is fully outlined. One of the outstanding attractions of the chapter is a description of the fundus appearance in several cases of gross injury, which are well reproduced in color.

The pulsating form of traumatic exophthalmus is extensively described and its incidence compared with the experience of the Russo-Japanese War and with civilian occurrences.

Chapter seven deals with metastatic ophthalmia in the war. Von Szily's experience is much the same as that of British and French observers; in spite of conditions supposed to favor the production of this distressing complication, it has been one of the most uncommon sequels of systemic poisoning. Four cases, each with a complete history and histologic report, are given which do not, however, differ essentially from the well known picture of the disease depicted in our text books —the panophthalmitis of pyemia. It may be added that, as in civil life, the double sided ocular metastases, of whatever origin ended almost invariably in the death of the patient.

Axial wounds (Durchschüsse) are naturally found in infantry organizations and consist largely of bullet wounds, but not infrequently the thru-and-thru penetration is the result of shrapnel. Most of these traumas in survivors are lateral or oblique; antero-posterior shots penetrate the brain and cause almost instant death. In these cases it is of course the fundus changes that interest one and the reproduction of the background alterations, altho in the Atlas too highly colored, are admirable. It is remarkable to note the successful efforts made by nature under aseptic conditions, to close the wound by extensive cicatrization, and how well these are shown by the ophthalmoscope.

In this chapter is also shown by numerous diagrams, the narrow escapes (except by neighborhood shock), the eyeball suffers in engagements where the whole atmosphere seems charged with flying bullets. These missiles enter and leave the orbit at all possible angles, sometimes without any permanent injury to eyesight.

The eighth chapter is devoted to bilateral injuries of the globe, mostly from shrapnel.

Chapter nine deals with the war blind (due to wounds) in general. These are (practically) all the result of serious bilateral injuries. Oguchi found 53 such cases in a total of 3,781 ocular injuries in the Russo-Japanese war. Probably the proportion will be about the same in this great conflict, but complete German-Austrian figures are not yet available.

The next chapter deals with perforating wounds of the eye and with foreign bodies in the globe, especially in relation to infection and sympathetic ophthalmitis. Here again the Allied experience is duplicated. Probably owing to early treatment and to the fact that most of the missiles are aseptic, sympathetic disease has been exceedingly rare, probably more uncommon than in any previous war. When it did occur the picture presented is the classic picture familiar to our readers.

We look forward with interest to the final volume of this valuable series.

C. A. W.

The third part of this work containing pages 355 to 590 and giving the last six chapters, has just been received in this country. It reports a summary of the ophthalmic observations and therapeutic procedures for war injuries at the Freiburg clinic up to the spring of 1916, with a brief appreciation of it by "Herr Geheimrath Professor Dr. Th. Axenfeld."

The scope of the work is shown by the subjects of the different chapters, which are I, Cranial Shot-wounds and the Eye; II, Temporal Orbit Wounds; III, War Hemianopsia; IV, Penetrating Wounds of the Orbit and Vicinity; V, Lesions from Shot with Great Destroying Ability; VI, Metastatic Ophthalmia after War Wounds; VII, Penetrating Wounds, with Ophthalmoscopic and Histologic Findings of Chorioretinitis Proliferans and Atrophy; VIII, Bilateral Wounds; IX, Blindness Produced by Warfare; X,

Perforating Wounds of the Eyeball, Intraocular Foreign Bodies and Infections; XI, Macular Changes, Contour Shot Wounds, Contusion and Aerial Shot Wounds; XII, Effects of Gassing, Wounds and Burns from Gassing, Gas Grenades, Fire Bombs, Pistols for Flashing Light, etc.; XIII, Organic Lesions of Mobility and Sensibility with Remarks on the Psychognostic Reduction of Function in Skull Wounds; XIV, Psychogenic War Neuroses; XV, Wounds of the Nasal Sinuses and the Tear Duct; XVI, Plastic Operations in War Wounds.

Each chapter is accompanied by an extended bibliography; and excellent indexes of topics and authors mentioned are appended. The well known talent of von Szily for detailed description is nowhere more appropriately applied than to the description of the clinical characters of ocular injuries.

The mechanical execution of this work is fully up to the standards attained in Germany before the war. The paper is about twice as heavy as that used in this journal; and is highly finished to take perfectly half tone reproductions and color printing.

The whole appearance of the work, with its costly paper and wide margins, is strongly in contrast with the economies forced on the scientific publications of allied countries during the later years of the war.

The hope expressed by Axenfeld, June, 1916, that "this work will be an evidence of our activity in this great time," might apply more widely than as a mere record of the work of the Freiburg clinic.

The last two chapters, illustrated by 130 half-tone pictures of cases, given as they appeared after injury, with results of the "activities" that repaired these deformities, are a hint of the activities that produced them.

E. J.

Transactions of the American Academy of Ophthalmology and Oto-Laryngology, 1917-1918. 8vo, 606 pages, 1 colored plate, 111 illustrations. Published by the Academy.

Owing to obstacles and delays due to the war, when the twenty-third annual meeting of the Academy was held in Denver, last August, the printing of the proceedings of the Pittsburgh meeting, held over nine months before, had not been completed. It was therefore natural to combine the proceedings for the two years in a single volume.

This makes the largest volume of Transactions that the Academy has yet issued; altho each year it was suggested that the annual meeting be omitted because of the difficulties of securing papers for the program. We believe that in scientific value the papers here published will compare favorably with those in any of the preceding volumes.

The part of the volume relating to ophthalmology includes 350 pages. Most of the papers here printed have already appeared in the journals, some of them from the last meeting in the AMERICAN JOURNAL OF OPHTHALMOLOGY. In general form and makeup the volume corresponds closely to its immediate predecessors.

E. J.

CORRESPONDENCE.

The Electric Ophthalmoscope Mirror.

To the Editor:

In the discussion of the article "An Improved System of Illumination for the Electric Ophthalmoscope," by Dr. Carl Koller in the 1918 volume of the Transactions of the American Ophthalmological Society, the reader of the paper states that "the illuminating system used in the instrument sold as the 'May Ophthalmoscope' is the one that was worked out by myself and Mr. R. H. Wappler;" he claims that he has used a similar instrument in his office since 1911 or 1912, and he seems, apparently, to imply that I obtained some of the ideas embodied in my instrument from him or Mr. R. H. Wappler.

I wish to state emphatically that I owe nothing either to Dr. Koller or to Mr. R. H. Wappler in connection with this instrument.

I exhibited and described this ophthalmoscope at the meeting of the